

SERFF Tracking Number: FFDC-125438957 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARMC0108
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only
Product Name: General Liability Designated Person or Organization Exclusion Endorsement
Project Name/Number: General Liability Designated Person or Organization Exclusion Endorsement/NWMC0108

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: General Liability Designated SERFF Tr Num: FFDC-125438957 State: Arkansas

Person or Organization Exclusion Endorsement

TOI: 05.2 Commercial Multi-Peril - Liability SERFF Status: Closed State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.2000 CMP Sub-TOI Combinations Co Tr Num: NARMC0108 State Status: Fees verified and received

Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Michelle Davanzo, Gina Bondanza Disposition Date: 01/31/2008

Bondanza

Date Submitted: 01/18/2008 Disposition Status: Approved

Effective Date Requested (New): 02/15/2008 Effective Date (New):

Effective Date Requested (Renewal): 02/15/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: General Liability Designated Person or Organization Exclusion Endorsement Status of Filing in Domicile:

Exclusion Endorsement

Project Number: NWMC0108 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/31/2008

State Status Changed: 01/31/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir/Madam:

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For your consideration and review, we are enclosing the following new Commercial Multiple Casualty Lines filing. This filing consists of three new endorsements which will be used with the casualty lines of business listed below.

These endorsements will be used in cases where an insured desires to exclude specific related entities from our CGL coverage. A common example is where an insured Real Estate Developer/Owner also owns a related Construction firm, but decides to insure the Construction firm elsewhere.

These new endorsements modify the following Coverage forms:

Commercial General Liability Coverage
Liquor Liability Coverage
Owners and Contractors Protective Liability Coverage
Pollution Liability Coverage
Products/Completed Operations Liability Coverage
Railroad Protective Liability Coverage
Underground Storage Tank Liability Coverage
American Business Coverage (Section II)
Garage Coverage (Section II)

Since these endorsements merely meet the coverage intent of an insured, and no premium is charged for excluded entities, there is no premium impact associated with this endorsement.

Also enclosed is the Explanatory Memorandum.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services Senior Analyst
mdavanzo@ffic.com

777 San Marin Drive
Novato, CA 94998
(415) 899-2660 [Phone]
(866) 290-0671 [FAX]

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Filing Company Information

American Automobile Insurance Company CoCode: 21849 State of Domicile: Missouri
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 22-1608585

Associated Indemnity Corporation CoCode: 21865 State of Domicile: California
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 22-1708002

Fireman's Fund Insurance Company CoCode: 21873 State of Domicile: California
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-3290 ext. [Phone] FEIN Number: 94-1610280

National Surety Corporation CoCode: 21881 State of Domicile: Illinois
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 36-2704643

The American Insurance Company CoCode: 21857 State of Domicile: Nebraska
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 22-0731810

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$0.00	01/18/2008	
Associated Indemnity Corporation	\$0.00	01/18/2008	
Fireman's Fund Insurance Company	\$50.00	01/18/2008	17571749
National Surety Corporation	\$0.00	01/18/2008	
The American Insurance Company	\$0.00	01/18/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/31/2008	01/31/2008

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Disposition

Disposition Date: 01/31/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Form Schedule	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Designated Person or Organization Exclusion	Approved	Yes
Form	Designated Person or Organization Exclusion	Approved	Yes
Form	Designated Person or Organization Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Designated Person or Organization Exclusion	CA7094 12 07	12 07	Endorsement/Amendment/Conditions	New	0.00	CA7094 1207.pdf
Approved	Designated Person or Organization Exclusion	CG7276 12 07	12 07	Endorsement/Amendment/Conditions	New	0.00	CG7276 1207.pdf
Approved	Designated Person or Organization Exclusion	AB9352 12 07	12 07	Endorsement/Amendment/Conditions	New	0.00	AB9352 1207.pdf

Designated Person or Organization Exclusion - CA7094 12 07
Policy Amendment(s)

This endorsement modifies insurance provided under the following:

Garage Coverage

The following exclusion is added:

The policy does not apply to any liability arising out of the premises, operations, products or activities of any person or organization listed in the schedule below.

Schedule:

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

All other terms and conditions of the policy remain unchanged.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

CA7094 12 07

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Designated Person or Organization Exclusion - CG7276 12 07
Policy Amendment(s)

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage
Liquor Liability Coverage
Owners and Contractors Protective Liability Coverage
Pollution Liability Coverage
Products/Completed Operations Liability Coverage
Railroad Protective Liability Coverage
Underground Storage Tank Liability Coverage
Farm Liability Coverage

The following exclusion is added:

The policy does not apply to any liability arising out of the premises, operations, products or activities of any person or organization listed in the schedule below.

Schedule:

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

All other terms and conditions of the policy remain unchanged.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

CG7276 12 07

Designated Person or Organization Exclusion - AB9352 12 07

Policy Amendment(s)

This endorsement modifies insurance provided under the following:

American Business Coverage (Section II)

The following exclusion is added:

The policy does not apply to any liability arising out of the premises, operations, products or activities of any person or organization listed in the schedule below.

Schedule:

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

All other terms and conditions of the policy remain unchanged.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

AB9352 12 07

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/31/2008

Comments:

Attachment:

NAIC Transmittal Form.pdf

Satisfied -Name: NAIC Form Schedule **Review Status:** Approved 01/31/2008

Comments:

Attachment:

Form Filing Schedule.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 01/31/2008

Comments:

Attachment:

Explanatory Memorandum Designated PersonOps.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use only

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #
Fireman's Fund Insurance Company	California	21873	94-1610280
The American Insurance Company	Nebraska	21857	22-0731810
National Surety Corporation	Illinois	21881	36-2704643
Associated Indemnity Corporation	California	21865	22-1708002
American Automobile Insurance Company	Missouri	21849	22-1608585

5. Company Tracking Number	NARMC0108
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Michelle A. Davanzo 777 San Marin Drive Novato, California 94998	Regulatory Analyst	(415)899-2660	(866)290-0671	mdavanzo@ffic.com
7.	Signature of authorized filer		<i>Michelle A. Davanzo</i>		
8.	Please print name of authorized filer		Michelle A. Davanzo		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	5.2 Commercial Multi-Peril (Liability Portion)			
10.	Sub-Type of Insurance (Sub-TOI)	5.2000 CMP Sub-TOI Combinations			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	Commercial Multiple Casualty			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other			
14.	Effective Date(s) Requested	New: 02-15-08	Renewal:	02-15-08	
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	01-14-08			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking # NARMC0108				
21.	<p>Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] For your consideration and review, we are enclosing the following new Commercial Multiple Casualty Lines filing. This filing consists of three new endorsements which will be used with the casualty lines of business listed below.</p> <p>These endorsements will be used in cases where an insured desires to exclude specific related entities from our CGL coverage. A common example is where an insured Real Estate Developer/Owner also owns a related Construction firm, but decides to insure the Construction firm elsewhere.</p> <p>These new endorsements modify the following Coverage forms:</p> <ul style="list-style-type: none">Commercial General Liability CoverageLiquor Liability CoverageOwners and Contractors Protective Liability CoveragePollution Liability CoverageProducts/Completed Operations Liability CoverageRailroad Protective Liability CoverageUnderground Storage Tank Liability CoverageAmerican Business Coverage (Section II)Garage Coverage (Section II) <p>Since these endorsements merely meet the coverage intent of an insured, and no premium is charged for excluded entities, there is no premium impact associated with this endorsement.</p> <p>Also enclosed is the Explanatory Memorandum.</p>				
22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <table border="1" data-bbox="207 1304 667 1377"><tr><td data-bbox="207 1304 354 1335">Check #:</td><td data-bbox="354 1304 667 1335"></td></tr><tr><td data-bbox="207 1335 354 1377">Amount:</td><td data-bbox="354 1335 667 1377">\$</td></tr></table> <div data-bbox="212 1409 1507 1520" style="border: 1px solid black; height: 53px; width: 797px;"></div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> <p>***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p>	Check #:		Amount:	\$
Check #:					
Amount:	\$				

Effective January 1, 2006

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	NARMC0108			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Designated Person or Organization Exclusion	CA7094 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Designated Person or Organization Exclusion	CG7276 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Designated Person or Organization Exclusion	AB9352 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



Explanatory Memorandum
Designated Person or Organization Exclusion CG7276 1207
Designated Person or Organization Exclusion AB9352 1207
Designated Person or Organization Exclusion CA7094 1207

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- Railroad Protective Liability Coverage
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